

COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

FLEMING-MASON RURAL ELECTRIC )  
COOPERATIVE CORPORATION )  
AND )  
CONTINENTAL TELEPHONE COMPANY ) Case No. 9988  
OF KENTUCKY )  
FAILURE TO COMPLY WITH THE )  
COMMISSION'S REGULATION 807 )  
KAR 5:006, SECTION 24 )

SHOW CAUSE ORDER

On April 29, 1987, Mr. Hazel McCarthey, a resident of Old Sardis Pike, Maysville, Kentucky, was fatally injured while mowing with his tractor. The mower bar on the tractor became entangled on a Continental Telephone Company of Kentucky ("CONTEL") down guy. This apparently caused the tractor to swing around sharply and become entangled on a Fleming-Mason Rural Electric Cooperative Corporation ("Fleming-Mason") down guy which created enough tension in the down guy to break the top of the pole. The Fleming-Mason down guy wrapped around the tractor's rear tire and the victim's chest. The continued forward motion of the tractor tightened the down guy across the victim causing his death. (See Appendix which is Commission's Accident Investigation Report and Fleming-Mason's Accident Report.)

The accident occurred on April 29, 1987, at 5:00 p.m. and was not reported to the Commission until April 30, 1987, at 3:07 p.m.

Fleming-Mason's Accident Report was not filed with the Commission until June 3, 1987. The Commission's Regulation 807 KAR 5:006, Section 24, states that prompt notice of fatal accidents shall be given to the Commission by telephone or telegraph, and a summary written report shall be submitted to the Commission within 7 days of the subject accident. The accident was reported by telephone almost 24 hours after its occurrence, and Fleming-Mason's Accident Report was filed 34 days after its occurrence.

CONTEL also had facilities on the same pole as Fleming-Mason. CONTEL did not notify the Commission at all of this accident involving its facilities. This is in violation of 807 KAR 5:006, Section 24, of the Commission's regulations.

#### FINDINGS AND ORDERS

The Commission, having considered the evidence of record and being advised, is of the opinion and finds that:

1. Fleming-Mason violated the Commission's Regulations by not reporting the subject accident in a prompt manner, and by not submitting a summary written report within 7 days of the subject accident, as prescribed in 807 KAR 5:006, Section 24, of the Commission's Regulations.

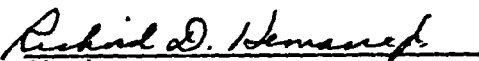
2. CONTEL violated the Commission's Regulations by failing to notify the Commission by telephone or telegraph, and also by not submitting a summary written report of this fatal accident involving its facilities, both of which are prescribed in 807 KAR 5:006, Section 24, of the Commission's Regulations.

3. CONTEL and Fleming-Mason should be required to appear and explain the reasons why the Commission's Regulation was violated and present a detailed plan to prevent the reoccurrence of this violation, and to show cause if any it can, why the Commission should not impose penalties pursuant to KRS 278.990.

IT IS THEREFORE ORDERED that CONTEL and Fleming-Mason shall appear before the Commission on August 20, 1987, at 1:30 P.M., Eastern Daylight Time, in the Commission's offices at Frankfort, Kentucky, for the purpose of presenting evidence related to CONTEL's and Fleming-Mason's programs to ensure compliance with 807 KAR 5:006, Section 24, and to show cause if any it can, why the Commission should not impose penalties pursuant to KRS 278.990.

Done at Frankfort, Kentucky, this 7th day of August, 1987.

PUBLIC SERVICE COMMISSION

  
Chairman

  
Vice Chairman

  
Commissioner

ATTEST:

\_\_\_\_\_  
Executive Director

APPENDIX

APPENDIX TO AN ORDER OF THE PUBLIC SERVICE  
COMMISSION IN CASE NO.9988 DATED 8/7/87

ELECTRICAL UTILITY ACCIDENT INVESTIGATION

DATE OF THIS REPORT 6/8/87 SUBMITTED BY Jeffery L. Gilpin  
NAME OF UTILITY Fleming-Mason RECC  
ACCIDENT REPORTED BY Steve Souder  
DATE & TIME ACCIDENT REPORTED 4/30/87 3:07 P.M.  
DATE AND TIME ACCIDENT OCCURRED 4/29/87 5:00 P.M.  
DATE OF ACCIDENT INVESTIGATION 5/1/87  
DATE SUMMARY WRITTEN REPORT WAS RECEIVED FROM UTILITY 6/3/87  
PERSONS ASSISTING IN THE INVESTIGATION Steve Souder-Fleming-Mason  
RECC

NAME OF VICTIM(S) 1. Hazel McCarthy SEX M AGE 88  
FATAL Yes NAME OF EMPLOYER: Self-employed farmer.  
INJURIES \_\_\_\_\_

2. \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_  
FATAL \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_  
INJURIES \_\_\_\_\_

3. \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_  
FATAL \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_  
INJURIES \_\_\_\_\_

**ELECTRICAL UTILITY ACCIDENT INVESTIGATION (Continued)**

**LOCATION OF ACCIDENT SITE** Off of Old Sardis Pike in Mason County,  
Kentucky, at the victim's residence.

**DESCRIPTION OF ACCIDENT** The victim was mowing grass around the edge  
of his yard with a farm tractor and a cutter bar mower when the mower  
became entangled in a Contel Telephone Company down guy. Apparently  
the contact with the Contel guy caused the tractor to swing sharply  
to the right and become entangled in Fleming-Mason's down guy which  
broke the top off of the pole. When the pole broke the slack in the  
Fleming-Mason down guy wrapped around the tractors rear tire and the  
victim's chest. As the tractor continued forward the rotation of the  
wheels tightened the cable across the victim and caused his death.

**SOURCE OF INFORMATION** Steve Souder, Fleming-Mason RECC: Fleming-  
Mason's Summary Accident Report; onsite investigation.

**VIOLATIONS OF COMMISSION REGULATIONS** This accident occurred on April  
29, 1987, at 5:00 P.M. and was not reported until April 30, 1987, at  
3:07 P.M. This is in violation of KAR 5:006, Section 24 which re-  
quires that the utility give prompt notice of all fatal accidents.  
The Commission did not receive the utility's written summary report  
of this accident until June 3, 1987. This is in violation of KAR  
5:006, Section 24 which requires that a written summary report be  
submitted within 7 days.

**RECOMMENDATIONS** To be in compliance with KAR 5:006, Section 24, the  
utility should provide the Commission with prompt notice of all fatal  
accidents and submit a summary written report within 7 days. The  
prompt notice should be given to the Commission even if details are  
sketchy. Additional information can be given at a later time if  
necessary.

**CORRECTIVE ACTION**

LINE CLEARANCES

	<u>As Measured</u>	<u>Minimum Allowed by NESC</u>
<b>A. AT POINT OF ACCIDENT</b>		
Phase conductor to ground elevation:	<u>N/A</u>	<u>N/A</u>
Neutral conductor to ground elevation:	<u>N/A</u>	<u>N/A</u>
Communication conductor to ground elevation:	<u>N/A</u>	<u>N/A</u>
Phase conductor to structure:	<u>N/A</u>	<u>N/A</u>
Neutral conductor to structure:	<u>N/A</u>	<u>N/A</u>
Communication conductor to structure:	<u>N/A</u>	<u>N/A</u>
<b>B. AT LOWEST POINT OF SPAN</b>		
Phase conductor to ground elevation:	<u>N/A</u>	<u>N/A</u>
Neutral conductor to ground elevation:	<u>N/A</u>	<u>N/A</u>
Communication conductor to ground elevation:	<u>N/A</u>	<u>N/A</u>

**C. SPAN LENGTH** N/A

Date the line or facilities were constructed: \_\_\_\_\_

Utility: Fleming-Mason RECC

Date: 5/1/87 Time 10:30 A.M.

Approximate temperature: 82 Degrees F

Measurements made by: \_\_\_\_\_

Submitted by: \_\_\_\_\_

**FLEMING-MASON  
RURAL ELECTRIC COOPERATIVE CORPORATION**



Huston Delaney,  
President & General Manager

P.O. BOX 328  
FLEMINGSBURG, KY. 41041  
Phone (606) 845-2661

**RECEIVED**

June 2, 1987

JUN 3 1987

**DIVISION OF UTILITY  
ENGINEERING & SERVICES**


Jeff Gilpin  
Public Service Commission  
P. O. Box 615  
Frankfort, KY 40602

Dear Jeff:

Enclosed please find the following items relating to the Hazel McCarthy accident in Mason County which you investigated.

Summary "Hazel McCarthy's Fatal Accident"  
Coroner's Investigation Report  
Sheriff's Report  
Ambulance Operators Report  
Sketch of Scene

Very truly yours,

  
S. D. Souder

SDS/pdp

Enclosures



### HAZEL MCCARTHEY'S FATAL ACCIDENT

The following is a reconstruction of events on the evening of April 29, 1987 concerning the Hazel McCarthy accident based on an interview by Steve Souder with Russie Dunaway, Steve Harn and Jack Owens, with Louie Flanery being present.

John Fulton or Elmer Fulton called Marjorie Royse about 5:00 p.m. to report the power off at account number 19-78-02. This information was relayed by Reno McGlone to Russie and Steve who were working on another outage between Elizaville and Hilltop. They finished their work in the Elizaville-Hilltop area and proceeded to the John R. Fulton residence and determined that the distribution line was de-energized. They went to reclose number 223 which was locked out. It was successfully closed at 6:37 p.m. with no subsequent operations. Returning to the John R. Fulton residence they saw the lights on and decided to patrol the rest of the circuit to determine the cause of the outage. They discovered a tap line out of sag and thinking that the wind had probably caused this line to short decided to resag the line. To gain access to the terminal pole they contacted Emery Vice who went with them to open gates and show them the way to the pole on which they planned to work. They resaged the line and left the field at about 7:15 p.m. Returning to Emery Vice's house they were trimming some limbs which were near a service wire when Reno called to report service along the line section was still off.

They patrolled the line further specifically investigating the line which was recently resagged when they came upon the

broekn pole at Mr. McCarthy's. The pole had been broken at the telephone attachment, the telephone cable was on the ground and the electric conductors were still attached to the pole top.

Russie approached a tractor which was caught up in the guy wires and saw that Mr. McCarthy was still slumped in the tractor seat with his head down near the foot pedals. Russie called to Steve to bring rubber gloves and bolt cutters. They cut the electric conductors and guy wire. After straightening Mr. McCarthy back up in the tractor seat Russie left to call for help while Steve supported Mr. McCarthy. Russie went to Emery Vice's house; Mr. Vice called the Palmer Funeral Home in Mayslick at about 7:15 to 7:30 p.m. When Russie returned to Mr. McCarthy's, Winnie Sweet was arriving also. Mr. Sweet and Steve tried resuscitation techniques on Mr. McCarthy but to no avail. They continued to hold Mr. McCarthy's head until the ambulance arrived at 7:50 p.m. At some point during the time, between Russie's return and the arrival of the ambulance, Rose Ann Palmer and another lady arrived and on Mrs. Palmer's advice Mr. McCarthy was removed from the tractor and placed on the ground.

James Brell, Mason County Coroner, and Charles Lang, Mason County Deputy Sheriff, came to the site. Jack Owens of Fleming-Mason RECC arrived at about 8:25 p.m. He called Huston Delaney then isolated the line to Mr. McCarthy's and restored power to the line section.

Contel Telephone Company was notified by Jack at 7:00 a.m. on April 30.

# CORONER'S INVESTIGATION REPORT

Page 1

Person Calling Coroner: Maysville Life Squad Date April 29, 1987  
 Time 8:00 AM Time of Arrival 8:45 AM  
 Name of Deceased: Hazel M. McCarthy  
 Place of Death: Residence - (Old Sardis Pike)  
Maysville Mason Ky  
 Address: RR 2 Maysville Mason Ky  
 Time of Death: 5:00 AM Date of Death: April 29 1987  
 Date of Birth: January 3 1899 Place of Birth: Kentucky  
 Age: 88 Sex: mi Race: W Single:    Married:     
 Widowed: X Divorced:    Sep:     
 Next of Kin: Cecil McCarthy Physick Ky Brother  
 Maiden Name (If wife surviving spouse) None  
 Father's Name: George William McArthur Mother's Maiden Name: Clara Brooking  
 Social Security Number 403-52-8275 Occupation Farmer  
 Employed By: Self  
 Height 5'6" Weight 110 lbs Eyes    Hair     
 Pronounced Dead by: J. Brell Jr  
 Police agency and investigator: Mason County Sheriff's Office  
 Clothed X Partially clothed    Unclothed   

	Date	Time	Location	City or County
Last Seen Alive	4-29-87			
Death Discovered	4-29-87	7:59 PM	Residence	RR 2 Maysville
View of Body	4-29-87	8:49 PM	Residence	RR 2 Maysville

Found Dead By Steve Harn Russell Dunaway FMRECC

Last Seen Alive By     
 Witness to Injury None  
 Illness or Death None

History: Victim was mowing grass with a farm tractor  
a cutter bar type mower. The outer edge of the  
mower next to the tip became hooked into an anchor  
cable (phone) of a utility pole in the victim's side

(Over)

# Mason County Coroner's Office

JAMES A. BRELL, CORONER

Phone 606 564-6012

620 East Second St. Maysville, Ky. 41056

yard causing The victim's Tractor To come in contact with a second anchor cable (power). The tractor became entangled in the power line anchor cable causing The cable To become wrapped around the victim's upper abdomen causing death by asphyxiation. The pull on The power line anchor cable was such That utility pole Top was broken off allowing slack in the cable To be wrapped around The victim

Personal Physician

N/A

(Name)

(Address)

(Phone No.)

Evidence obtained at scene:

None

Name of Suspect:

None

Address:

Autopsy: Yes

No

X

Suspected cause of death: a)

asphyxiation (compression)

(Immediate cause)

b) abdominal strangulation

(Due to or as a consequence of)

c) Wire rapped around Body Trunk

(Due to or as a consequence of)

Suspected manner of death:

Natural

Accident

Homicide

Suicide

Unknown

Pending

Photos Taken

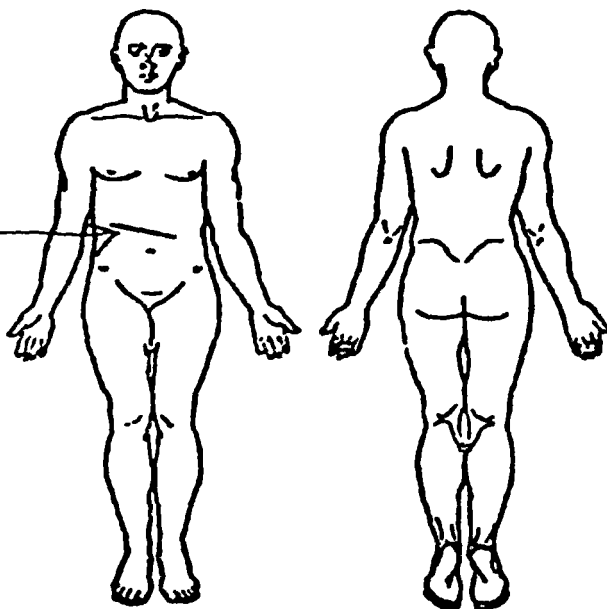
Blood Sample Taken

Body Temperature

Body Released to

Palmer F.H. Mayslick


abrasion



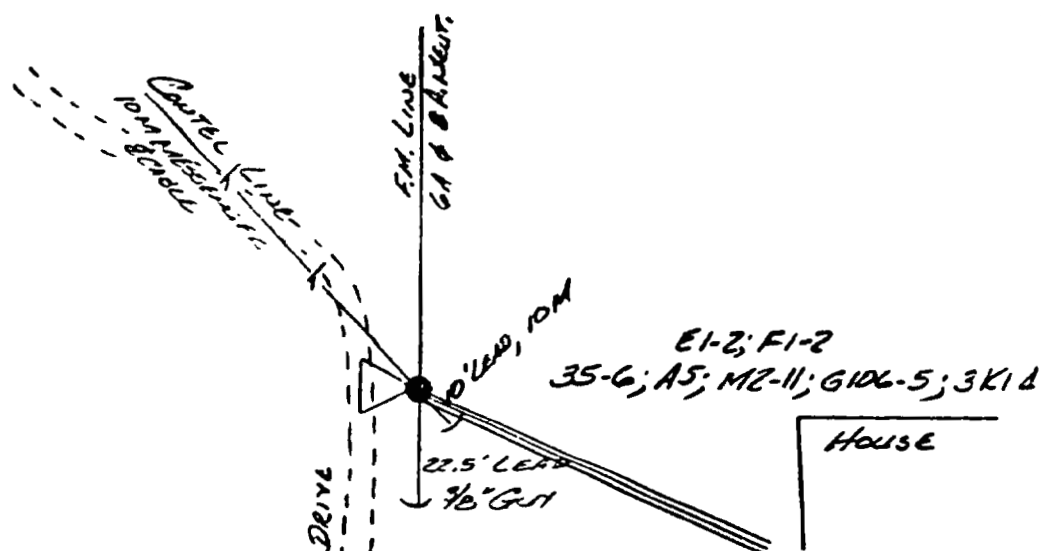
El 2 Box 275 Flemingbury Old Salem P.O. Rd. Marshall  
 COMPLAINANT'S ADDRESS STEVE HARM PHONE NUMBER 205 Gateway Road Flemingburg  
Russie Dunaway ADDRESS El 2 Box 275 Flemingbury  
 REPORTED BY Maryville Police Dist. #1 DATE 4-29-87 OFFICER ASSIGNED Chas. Langley PHONE NUMBER In Person  
 RECEIVED BY TIME DATE OFFICER REPORTED

DETAILS OF COMPLAINT, OR INCIDENT LAST PROPERTY, SUBJECTS WANTED OR MISSING (SEE):  
 RUSSIE DUNAWAY AND STEVE HARM R.E.C. LINE REPAIRMEN WERE  
 LOOKING FOR LINE OUTAGE CAME UPON MR. HARM'S TRACTOR WITH  
 SHUTTED OVER SIDE OF 1964 INTERNATIONAL HARVESTER TRACTOR WITH  
 MOWING MACHINE ATTACHED WITH GUY WIRE FROM BROKEN UTILITY POLE  
 PULLING HIM TO TRACTOR AROUND LOWER STOMACH. WORKMAN DISCONNECTED  
 ELECTRICITY, GOT GUY WIRE AND REMOVED VICTIM FROM TRACTOR ABOUT 7:40,  
 MR. MCLEATHY WAS MOWING GRASS AROUND UTILITY POLE GOT UNTRAPPED IN  
 GUY WIRE BROKE TOP OF POLE WITH TRANSFORMER AND LINE STILL ATTACHED.

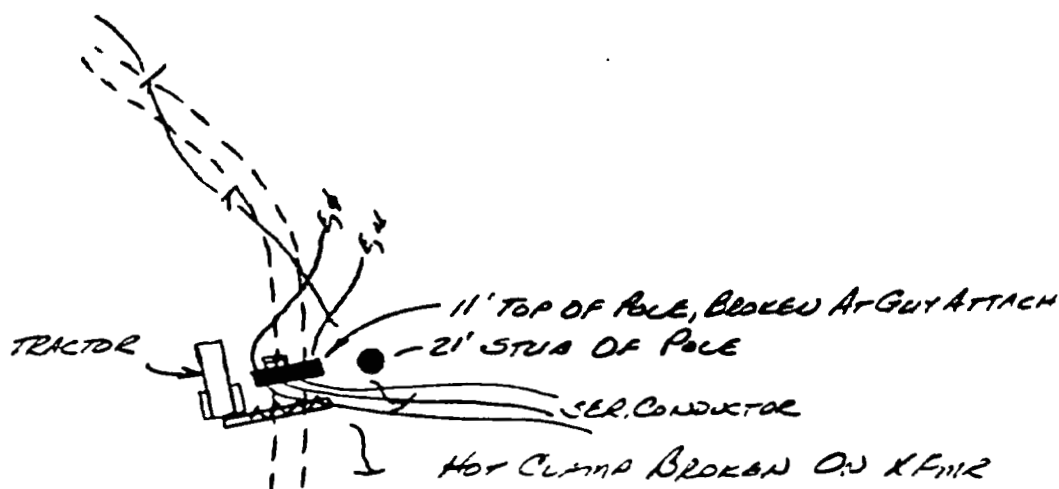
PERSONS ARRESTED NO Death Ruled Accidental  
 CASE CLOSED YES UNFOUNDED CLASSIFIED BY APPROVED DATE 4-30-87  
 APPROVED Deputy Sheriff of Nelson County, Kentucky

<b>PATIENT NAME</b> LAST FIRST M.I. <u>HARVEY</u>		<b>MO.</b> <u>4</u> <b>DAY</b> <u>29</u> <b>YEAR</b> <u>1977</u>		<b>222912</b>	
<b>ADDRESS</b> <u>ROUTE #2</u>		<b>VEHICLE CO. NO.</b> <u>EMM1</u>		<b>RUN ALARM NO.</b>	
<b>CITY/STATE</b> <u>MAYSVILLE, KY.</u>		<b>ZIP CODE</b> <u>41056</u>		<b>RUN COMPLETE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ambulance Accident <input checked="" type="checkbox"/> No Vehicle Failure <input checked="" type="checkbox"/> No Patient Refused <input checked="" type="checkbox"/> No Could Not Locate <input checked="" type="checkbox"/> No False Run <input checked="" type="checkbox"/> No Other	
<b>PHONE</b>	<b>SEX</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F	<b>HEIGHT WEIGHT</b>	<b>AGE</b> <u>88</u>	<b>DOS</b>	<b>CERT. NO.</b>
<b>PICK-UP LOCATION</b> <u>D.O.A.</u>			<b>COUNTY CODE OF INCIDENT</b> <u>081</u>	<b>STAFF ID (Signature)</b> <u>Kiley</u> <u>Doug</u>	
<b>LOCATION WAS:</b> <input checked="" type="checkbox"/> Home <input type="checkbox"/> Retail Shipping <input type="checkbox"/> Industrial/Commercial <input type="checkbox"/> Mine <input type="checkbox"/> Recreation Area <input type="checkbox"/> School <input type="checkbox"/> Highway/Roadway <input type="checkbox"/> Hospital <input type="checkbox"/> Other			<b>NATURE OF RUN</b> <b>DISPATCH</b> <b>TRANSPORT</b> <b>TRANSFER</b>		
<b>TIMES</b>		<b>MILEAGE RECORD (ODOMETER READING)</b>			
<b>CALL RECEIVED</b>		<b>AT START</b>			
<b>DEPART SCENE</b>		<b>AT SCENE</b>			
<b>ARRIVE SCENE</b>		<b>AT DESTINATION</b>			
<b>DEPART SCENE</b>		<b>AT BASE</b>			
<b>ARRIVE DESTINATION</b>					
<b>RETURN TO SERVICE</b>					
<b>PATIENT'S MEDICATION</b>		<b>INJURY SEVERITY</b> <input type="checkbox"/> Non-incapacitating <input type="checkbox"/> Incapacitating <input type="checkbox"/> Apparent Fatality <b>INJURY</b> <input type="checkbox"/> Abrasion <input type="checkbox"/> Amputation <input type="checkbox"/> Bite <input type="checkbox"/> Bruise/Contusion <input type="checkbox"/> Concussion <input type="checkbox"/> Crushed <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration <input type="checkbox"/> Puncture <input type="checkbox"/> Burn <input type="checkbox"/> Other			
<b>MEDICAL ALERT</b>		<b>Symptoms</b> <input type="checkbox"/> Bleeding <input type="checkbox"/> Chills/Fever <input type="checkbox"/> Convulsions <input type="checkbox"/> Discoloration <input type="checkbox"/> Dizziness <input type="checkbox"/> Faint/Weakness <input type="checkbox"/> Loss of Hearing <input type="checkbox"/> Loss of Vision <input type="checkbox"/> Nausea <input type="checkbox"/> Respiratory Prob. <input type="checkbox"/> Pain, Acute Abdomen <input type="checkbox"/> Pain, Head <input type="checkbox"/> Pain, Other <input type="checkbox"/> Swelling <input type="checkbox"/> Vomiting			
<b>CAUSE OF INJURY/ILLNESS</b> <b>ACCIDENT</b> <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Transportation <input type="checkbox"/> Fall/Others <input type="checkbox"/> Other Accident <b>GENERAL</b> <input type="checkbox"/> Cardiac/Cerebral <input type="checkbox"/> Respiratory <input type="checkbox"/> Metabolic/OB <input type="checkbox"/> Diabetes <input type="checkbox"/> Other Illness <b>MISCELLANEOUS</b> <input type="checkbox"/> Poisoning/OD <input type="checkbox"/> Crime (Shooting, Rape, etc.) <input type="checkbox"/> Exposure <input type="checkbox"/> Other Miscellaneous <b>AID BEFORE ARRIVAL</b> <input type="checkbox"/> Police <input type="checkbox"/> Citizen <input type="checkbox"/> Fire Department <input type="checkbox"/> Medical Personnel <input type="checkbox"/> CPR <input type="checkbox"/> None		<b>VITAL SIGNS</b> <b>TIME</b> <b>BP</b> <b>PULSE</b> <b>RESP.</b> <input type="checkbox"/> VITAL SIGNS COULD NOT BE TAKEN			
<b>INJURY AREA (Circle Location)</b> 		<b>SKIN CONDITION</b> <input type="checkbox"/> Normal <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale/Ashen <input type="checkbox"/> Flushed <input type="checkbox"/> Cool <input type="checkbox"/> Hot/Dry <input type="checkbox"/> Sweating			
<b>RESPONSE TO PAIN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>MENTAL STATE</b> <input type="checkbox"/> Conscious <input type="checkbox"/> Disoriented <input type="checkbox"/> Unconscious			
<b>DESTINATION</b>		<b>FACILITY</b> <input type="checkbox"/> Hospital E.R. <input type="checkbox"/> Nursing Home <input type="checkbox"/> Outpatient Dept. <input type="checkbox"/> Residence			
<b>PATIENT TREATMENT</b> <input type="checkbox"/> Airway Est. <input type="checkbox"/> A&T, Ventil. <input type="checkbox"/> S&V Delivery <input type="checkbox"/> Bleeding Control <input type="checkbox"/> Burn Treatment <input type="checkbox"/> Cold/Wet Appl. <input type="checkbox"/> CPR <input type="checkbox"/> Dressing Applied <input type="checkbox"/> Extrication <input type="checkbox"/> Immobilization <input type="checkbox"/> Irrigation <input type="checkbox"/> Restraints <input type="checkbox"/> Splints <input type="checkbox"/> Suturing <input type="checkbox"/> Vomiting Induced		<b>FOR WHAT APPARENT CARE?</b> <input type="checkbox"/> Burn <input type="checkbox"/> Cardiac Care <input type="checkbox"/> Drug OD <input type="checkbox"/> High Risk Infant <input type="checkbox"/> Psych. Care <input type="checkbox"/> Spinal Transf. <input type="checkbox"/> Trauma <input type="checkbox"/> General Medical			
<b>DEFERRED</b> <input type="checkbox"/> Deferriated <input type="checkbox"/> Drug Admin. <input type="checkbox"/> Monitor EKG <input type="checkbox"/> Intubation <input type="checkbox"/> IV Admin. <input type="checkbox"/> Telemetry <input type="checkbox"/> Other		<b>CHARGES</b> <b>BASE RATE</b> <b>MILEAGE RATE</b> <b>EQUIP. CHARGE</b> <b>TOTAL CHARGE</b>			
<b>COMMUNICATIONS USED - VEHICLE TO</b> <input type="checkbox"/> Base <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulance <input type="checkbox"/> Com. Center		<b>CASE NARRATIVE:</b> <u>PT. LYING ON GROUND - TOOK VITALS COULD NOT GET ANY - PARAMED &amp; 25th FOUND GUIDE WIRE HAD BEEN WRAPPED AROUND PT. CALLED CORNELL &amp; CORNELL ARRIVED AT 2154 D.O.A.</u>			
<b>OZ LPM</b>		<b>MEDICAL CONSULTANT ADVISOR</b>			

# SKETCH OF HAZEL McARTHUR ACCIDENT 4-30-87 S.D. SOWDER



FLEMING MISSION FACILITIES BEFORE ACCIDENT



APPROXIMATE LOCATIONS 4-30-87 AFTER ACCIDENT